

5/27/079

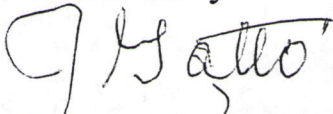
PROOF OF SERVICE

CFR 43 Sec. 4.401(cX200. Within 15 days after any document is served on an adverse party, file proof of that service with the United States Department of the interior, Office of the Secretary Board of Land Appeals, 4015 Wilson Blvd., Arlington, VA 22203. This may consist of a certified or registered mail "Return Receipt Card" signed by the adverse party.

CFR 43 Sec. 4.413 Within 15 days after each document is filed, each adverse party named is the decision and the Regional Solicitor or Field Solicitor having jurisdiction over the State in which the appeal arose must be served with a copy of: (a) the Notice of Appeal, (b), the Statement of Reasons, and (c) any other documents filed.

Herein find copies both "Return Receipt Cards" and hand delivered "Acknowledgement Receipts" signed and stamped to acknowledge proper receipt of all documents pertaining to USDI - BLM file 3600 (UTU-07822273. All requirements being filled according to BLM Form 1842-1 (July 1999).

Yours Truly


Jerome Gatto

RECEIVED

JUN 15 2000

DIVISION OF
OIL, GAS AND MINING

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. JOHN STEIGER ESQ
SOLICITOR
FED BUILDING ROOM 6201

SALT LAKE CITY, UT 84138

2. Article Number (Copy from service label)

7099 3220 0005 8298 7481

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *John Steiger*

- ☐ Agent
☐ Addressee
☐ Yes
☐ No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. TOM MUNSON
SENIOR RECEPTIONIST
UTAH

DOGM
1594 W.N. Temple 1210
SALT LAKE CITY, UT 84114

2. Article Number (Copy from service label)

7099 3220 0005 8298 7443

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *John Steiger*

- ☐ Agent
☐ Addressee
☐ Yes
☐ No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. JOHN STEIGER ESQ
SOLICITOR
FEDERAL BUILDING
ROOM 6201

SALT LAKE CITY, UT 84138

2. Article Number (Copy from service label)

7099 3220 0005 8298 7474

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *John Steiger*

- ☐ Agent
☐ Addressee
☐ Yes
☐ No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. JOHN STEIGER ESQ
SOLICITOR
FEDERAL BUILDING
ROOM 6201

SALT LAKE CITY, UT 84138

2. Article Number (Copy from service label)

7099 3220 0005 8298 7450

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X *John Steiger*

- ☐ Agent
☐ Addressee
☐ Yes
☐ No

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

RECEIVED

JUN 15 2000

DIVISION OF
OIL, GAS AND MINING

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

WM TAPPA
1730 S 1100 E
SALT LAKE CITY
UT 84105

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

WM TAPPA
1730 S 1100 E
SALT LAKE CITY
UT 84105

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

William TAPPA
1730 S 1100 E
SALT LAKE CITY
UT 84105

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

WM TAPPA
1730 S 1100 E
SALT LAKE CITY UT 84105

RECEIVED

JUN 15 2000

DIVISION OF
OIL, GAS AND MINING

PS Form 3800, July 1999
See Reverse for Instructions

SAIT LAR C 1754138

NAME (Please Print Clearly) (To be completed by mailer)
M. M. HARRIS
Street, Apt. No., or P.O. Box No.
1750 S 1100 E
City, State, ZIP+4
UT 84115

Postage	\$				
Certified Fee					
Return Receipt Fee (Endorsement Required)					
Restricted Delivery Fee (Endorsement Required)					
Total Postage & Fees	\$				

Article Sent To:

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$				
Certified Fee					
Return Receipt Fee (Endorsement Required)					
Restricted Delivery Fee (Endorsement Required)					
Total Postage & Fees	\$				

Postmark Here

SAIT LAR C 1754138

NAME (Please Print Clearly) (To be completed by mailer)
M. M. HARRIS
Street, Apt. No., or P.O. Box No.
1750 S 1100 E
City, State, ZIP+4
UT 84115

7089 3220 0005 8298 7450

Z 190 262 272

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to	Rex Rowley BLM
Street & Number	35 East 500 N.
Post Office, State, & ZIP Code	FILLMORE, UT 84631
Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	UNIT ID: 0020 Clerk: KTOZZR 05/08/00

PS Form 3800, April 1995

7089 3220 0005 8298 7474

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$				
Certified Fee					
Return Receipt Fee (Endorsement Required)					
Restricted Delivery Fee (Endorsement Required)					
Total Postage & Fees	\$				

Name (Please Print Clearly) (To be completed by mailer)	M. M. HARRIS
Street, Apt. No., or P.O. Box No.	1750 S 1100 E
City, State, ZIP+4	SAIT LAR C 1754138

See Reverse for Instructions

Z 190 262 273

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to	Mrs. Sheri Wyson BLM
Street & Number	35 East 500 N.
Post Office, State, & ZIP Code	FILLMORE, UT 84631
Postage	\$ 0.55
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.20
Postmark or Date	UNIT ID: 0020 Clerk: KTOZZR 05/08/00

PS Form 3800, April 1995

7089 3220 0005 8298 7481

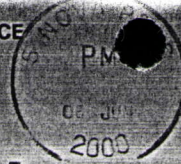
Name (Please Print Clearly) (To be completed by mailer)	M. M. HARRIS
Street, Apt. No., or P.O. Box No.	1750 S 1100 E
City, State, ZIP+4	SAIT LAR C 1754138

Postage	\$				
Certified Fee					
Return Receipt Fee (Endorsement Required)					
Restricted Delivery Fee (Endorsement Required)					
Total Postage & Fees	\$				

See Reverse for Instructions

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



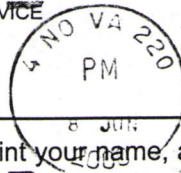
Print your name, address and ZIP Code here

CNS, LLC
1730 South 1100 East
Salt Lake City, Utah

84105+3424

84105-3424

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

CNS, LLC
1730 SOUTH 1100 EAST
SLC, UTAH 84105-3424

84105+3424

84105-3424

RECEIVED

JUN 15 2000

DIVISION OF
OIL, GAS AND MINING

Is your RETURN ADDRESS completed on the reverse side

SENDER:

- Complete items 1 and/or 2 for additional service
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

United States Dept of Interior
Office of the Secretary,
Board Land of Appeals
4015 Wilson Blvd
Arlington, Virginia 22203
IBLA 2000-249

4a. Article Number

Z 765 666 249

4b. Service Type

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

7 Jun 00

5. Signature (Addressee)

[Signature]

6. Signature (Agent)

Mary Pazzell

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. DEPT. OF INTERIOR
OFFICE OF THE SECRETARY
BOARD LAND OF APPEALS
4015 WILSON BLVD.
ARLINGTON, VA 22203
IBLA 2000-249

2. Article Number (Copy from service label)

Z 554 649 300

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Mary Pazzell

B. Date of Delivery

7 Jun 00

C. Signature

[Signature]

- ☐ Agent
☐ Addressee

D. Is delivery address different from item 1?

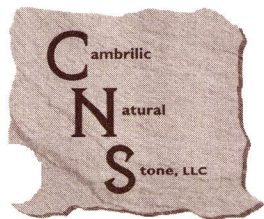
If YES, enter delivery address below: ☐ Yes ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



1730 South 1100 East
Salt Lake City, Utah 84105-3424



Ms Joelle Burns
Dept of Natural Resources
Div. Oil Gas & Mining
1594 West North Temple Suite 1210
P.O.B. 145801
Salt Lake City UT 84114-5801